Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Health workforce plan 2023/24

July 2023

The case for change

The New Zealand health system is staffed by hardworking, highly trained and committed professionals who deliver excellent care.

But over successive decades, we have not grown and supported our workforce to the extent needed. Even though we have seen continuous growth over the past decade, this has left us today with a material gap, and a workforce under strain. This gap has been driven by:

- poor-quality data, and an inability for the health system to articulate its workforce need – which has made it hard for the tertiary education and immigration systems to help meet demand
- systemic underinvestment resulting from that poor data – meaning that we have quietly failed to grow, recruit and retain people in the numbers we need, and with the right skills, diversity and professional qualifications
- the relative fragmentation of the former district health boards (DHBs), which made it hard to realise economies of scale and make best use of available workforce across the motu, and which at times drove domestic competition for workforce
- global workforce shortages, which have forced us to compete harder over time against other nations for health workers.

The result has been pressure on our health workforce which needs to lift; we have heard this message clearly from our workforce.

If we are to keep our exceptional workforce, and improve the care New Zealanders expect over time, change is needed.

The opportunity

Over the past half-decade, we have seen a 22.7% increase in the number of nurses employed by Te Whatu Ora (formerly DHBs), and a 22.8% increase in the number of doctors. We have seen a 35% increase in graduate nursing salaries and a 43% increase in the top step salary for registered nurses since 2017 – with these numbers to rise as pay equity pressures are addressed. Despite this progress, we need to do more to achieve sustainability.

Health reforms have created an enabling environment for us to address these issues – and to tackle the underlying drivers of our workforce challenges. Reforms have:

- allowed Te Whatu Ora and Te Aka Whai Ora to bring together national sources of workforce data, to **establish estimates of present-day and anticipated workforce shortage**
- created an improved national picture of Te Whatu Ora workforce need through the unification of our hospital and specialist services into a national network – with **better opportunities for national workforce management**
- given Te Whatu Ora and Te Aka Whai Ora an opportunity to adopt **coherent national approaches** and **grow and extend best practice** to address long-standing workforce pressures.

This first Health Workforce Plan for the reformed health system is an opportunity to further realise these opportunities. It articulates how Te Whatu Ora and Te Aka Whai Ora will build on successes to date, and lay the foundations for a sustainable workforce.

Some achievements since 1 July 2022

On pay

Te Whatu Ora has applied to the Employment Relations Authority to pay our nurses Agreement-in-Principle interim pay equity rates, increasing pay for most nurses by 14%. Te Whatu Ora has since made a pay offer for its nurses which would increase salaries further still.

We have delivered salary increases for general practice (GP) Registrars in training employed by the Royal New Zealand College of General Practitioners.

We have introduced a $9,100 accommodation allowance for GPEP1 trainees who live within 30km of their rural GP practice.

The Government has increased funding for primary and community providers by $200m a year to support pay increases for nurses and healthcare assistants in primary and community settings.

On recruitment

We have launched a Health Immigration Service, to take a national approach to recruiting health workers from overseas. Between this and improvements to health immigration pathways, we have had around 2,490 health workers approved for Accredited Employer Work Visas to work at Te Whatu Ora since 1 July 2022.

We have approved 225 funding applications from nurses wanting to return to practice, or internationally qualified nurses (IQNs) who are residents or citizens and working as healthcare assistants or support workers, so they can cover the costs of gaining New Zealand registration.

We have provided financial support to over 750 IQNs who need to complete a Competence Assessment Programme to become registered and work in New Zealand.

We have established a National Rural Hospital Locum Coordination Service to support and strengthen the rural health workforce, and to implement initiatives that attract and grow a pool of New Zealand-based and international locum doctors.

On training

We have strengthened the GP training pathway, and committed to increasing the number of specialist GPs trained a year to 300 by 2026, with a focus on growing more Māori and Pacific GPs.

We have delivered new funding to general practices that offer community-based attachments for post graduate year 1 and 2 (PGY1 and PGY2) interns.

We have launched two pilot programmes to support overseas-trained doctors from non-comparable health systems. One is a programme to help them achieve full registration; and the other is designed to help bridge doctors into the New Zealand health system by providing classroom- and hospital- based experience.

We have increased the number of funded places on the Nurse Practitioner Training Programme from 50 to 80 in the 2023 academic year.

The 2023 Voluntary Bonding Scheme received 488 applicants wishing to work in the communities and specialities that need them most.

The situation at a glance

We need to take action to make our health workforce more sustainable – and this plan outlines how:

Over the longer-term (Part 1) **we will need enduring, systemic transformation** to achieve sustainability – including to close our current and anticipated workforce gaps, and to ensure the right skill mix and representation across our workforce.

In the short-term (Part 2) **we are going to deliver on this funded Plan, focused on the next 365 days** – which will start to lift pressure on our people, and take steps towards the more transformative change we need over time.

This will deliver on our commitments under the interim New Zealand Health Plan – Te Pae Tata, and on our part of the Manatū Hauora Health Workforce Strategic Framework.

Based on the best information we have available, we have estimated what we think the gap is for some of our key health workforces - both in shortage today, and in what we think we are likely to need by 2032. **This is our best estimate of the gap between what we have today, and the staffing levels we would like to have – and reflects the whole of the workforce across New Zealand, in full-time equivalents (FTE).**

We estimate the gap today is:

4,800	Nurses
1,050	Midwives
1,700	Doctors (incl. GPs)
170	Pharmacists
120	Sonographers
200	Anaesthetic technicians
220	Dental/oral health therapists and hygienists
30	Radiation therapists
30	Clinical / cardiac physiologists

These are only **our best estimates of what we need**, based on the data we have available.[1] This data makes some major assumptions, including that our models of care, training pathways and retention approaches will not change – and they will need to.

Maintaining the workforce

To maintain current staffing levels, we estimate we will need to recruit or train **1,600** more health professionals a year to meet anticipated population growth.[2]

To reflect our expected population demographics in 2033 we need to grow the proportion of Māori and Pacific in our health workforce:

Te Whatu Ora district workforce
9% Māori **5%** Pacific 86% Other

New Zealand Population in 2033[3]
19% Māori **10%** Pacific 71% Other

To achieve sustainability, we will need to make big shifts over time

How we retain our people to keep them well at work, to make a career in health attractive, rewarding and enduring.

How we invest flexibly applying funding to where it's most needed across workforces.

How we recruit with more adaptive immigration settings, culturally safe HR practices, and greater reliance on the whānau-and community-driven pathways into health that we know work for our young people.

How we train to use on-the-job training, earn as you learn models and better retraining and development pathways.

How we regulate to enable innovation, with the need for a sustainable workforce built into how we think about safety.

How we work to shift models of care to maximise impact using the workforce we have, and shift towards interprofessional practice.

The plan at a glance

We have identified **six action areas** which we will focus on over the next year. These are funded actions which we can start on now to **improve the sustainability** of our workforce and **move towards the future.**

These action areas are all underpinned by our commitments to health equity and to te Tiriti o Waitangi, and reflect our commitments through Te Pae Tata – the interim New Zealand Health Plan.

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

ACTION AREA	HEADLINE ACTIONS
Growing pathways for Māori in health Māori are underrepresented in our health workforce and are more likely to have unmet health needs. Our workforce does not reflect the diversity of our communities and makes it harder for Māori to consistently access care which is culturally safe and responsive.	**1.1 Streamline pathways for tauira Māori into health careers**, including investing in Māori retention, and growing programmes that already support tauira Māori into health. **1.2 Strengthen hauora Māori workforce pathways from whānau, hapū and iwi**, including by scaling earn-while-you-learn pathways for Māori into health roles. **1.3 Support for kaimahi Māori to thrive in the workplace**, including by expanding cultural and clinical support and coaching for our Māori workforce.
Growing pathways for Pacific peoples in health We need a Pacific health workforce that is thriving, engaged, and reflects the diversity and need of our Pacific communities. We need to invest more now in growing our Pacific health workforces in areas that support health for Pacific peoples and reform priorities.	**2.1 Streamline pathways for Pacific learners into health careers**, including by rolling out Pacific Health Science Academies nationally, and by scaling programmes which we know work or Pacific peoples. **2.2 Strengthen support for Pacific peoples in training**, including through greater access to scholarships and improved support for Pacific students on nursing and midwifery pathways. **2.3 Support for Pacific health workers to thrive in the workplace**, including by expanding cultural and mentoring support for our Pacific workforce.
Driving local-led innovation in training Innovation is needed to grow our health workforce and transform clinical teams. Existing innovative initiatives have shown what is possible, and we will support these to scale and grow across Aotearoa to drive wider change over time, drawing on the best evidence from research, overseas and our communities.	**3.1 Make the most of our community workforces**, including by developing earn-as-you-learn frameworks for kaiāwhina, nursing and midwifery. **3.2 Strengthen student placements**, including by improving national placement coordination and better engaging Māori and Pacific providers in placement opportunities. **3.3 Scale training initiatives which will grow our future workforce – particularly in rural areas**, including by growing rural generalist and interdisciplinary programmes to engage more students, and through cross-agency initiatives such as those delivered by MSD. **3.4 Develop a coherent health training system**, including by building a nationwide framework for by-rural for-rural training, and by providing clear information on workforce pathways and data.
Bolstering priority workforce groups Each of our health workforces are critical, but we know some are under particularly acute pressure. We will focus on immediate actions to boost workforces that are under more strain, particularly in the community, while we invest in growing more sustainable pathways.	**4.1 Improve recruitment from overseas in priority areas**, including by piloting community access to our health recruitment centre and targeting priority workforces in overseas recruitment. **4.2 Encourage kaimahi back into health**, including by lowering barriers to re-entry and offering more flexible employment options for staff who need it, including people supported through MSD employment programmes **4.3 Increase our training numbers in at-risk and foundational professions**, including by funding new allied, scientific and technical places for 2024, expanding the number of funded medical school places, and growing our nurse practitioner training pipeline.
Supporting and retaining our valued workforce While we focus on growing our workforce to relieve pressure, it's also essential that our current kaimahi are supported in their work, and that we retain the incredibly talented people we have. As part of this, we will shift our culture to align to the New Zealand Health Charter – Te Mauri o Rongo.	**5.1 Help our people stay safe at work and manage tough situations**, including through improved employee support services, and rolling out strengthened wellbeing supports. **5.2 Keep our people well at work**, including by establishing a Health Workforce Wellbeing Hub and by ensuring our staff working at all times of the day can access the sustenance they need while working. **5.3 Get the basics right**, including by making reimbursements faster and easier, by sustaining investments in pay parity, by resolving Holidays Act remediation, and by working collaboratively with unions on negotiations and pay equity processes. **5.4 Ensure our people have pathways to grow**, including by developing a national cultural capability framework and a National RMO Support Service.
Growing our future leaders Our health system needs outstanding, diverse leaders at the helm – leaders who will champion our culture and are supported to excel, who can ensure our team of teams works together for the benefit of our communities, and who can make our health system an excellent place to work. We're committed to growing these leaders.	**6.1 Invest in our next generation of clinical leaders**, including by growing investment in existing nursing and midwifery leadership programmes. **6.2 Develop and launch a leadership institute for our health system**, by commissioning a Pae Ora Leadership Institute this year, bringing together national expertise and Mātauranga Māori.

Context

Our goals

Aotearoa is in the midst of reshaping our health system to address long-standing inequities. The Government, through health agencies, have committed to a system where:

- the health system will reinforce Te Tiriti o Waitangi principles and obligations
- all people will be able to access a comprehensive range of support in their local communities to help them stay well
- everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live
- digital services will provide more people with the care they need in their homes and communities
- health and care workers will be valued and well-trained for the future health system.

We know our workforce has been under too much pressure for too long. Our health workforce continually demonstrates innovation and tenacity, as evidenced by our collective response to COVID-19. This includes the ways in which our Māori, Pacific and community providers all played a strong role in keeping our people safe. But there is a global shortage of health workers, and our people are in demand.

To have a health system that is more equitable and provides better care, we need to do more to support and grow our workforce so that:

- **Our workforce is sufficient** and supported to deliver the care New Zealanders need and expect – and to deliver on the improvements in our health system that we have committed to.
- **Our workforce is representative** of our diverse population – particularly for Māori and Pacific communities which have been long underserved by our health system.
- Our kaimahi feel **working in health is sustainable** – and have careers where they can thrive here in Aotearoa New Zealand.

Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – the Māori Health Authority have committed to action on our health workforce through **the interim New Zealand Health Plan – Te Pae Tata**, as required under the Pae Ora (Healthy Futures) Act 2022. This includes commitments and key actions in relation to our health workforce.

Over the past 10 months, Te Whatu Ora and Te Aka Whai Ora have led a **Workforce Taskforce**, including engagement from many parts of our sector to establish key initiatives to address immediate workforce pressures and provide monitoring and oversight to existing workforce deliverables. The Taskforce's recommendations are reflected in this Plan.

This Plan also draws on the **Manatū Hauora Health Workforce Strategic Framework**, which outlines how immediate and long-term priorities for our health workforce translate into Pae Ora for our communities. This plan articulates how Te Whatu Ora and Te Aka Whai Ora will action the immediate priorities identified by the Strategic Framework. This includes a commitment to the health action plans Whakamaua and Ola Manuia, and acknowledges the developing New Zealand, Māori, Pacific, tāngata whaikaha and disabled people's, women's and rural health strategies for Aotearoa.

A detailed outline of our strategic context is set out in more detail at Annex 1.

Our workforce

Our health workforce is big: around 250,000 people (~90,000 working for Te Whatu Ora, and ~160,000 elsewhere) [4]. Te Whatu Ora and Te Aka Whai Ora have two kinds of responsibility over our health workforce.

First, we are responsible for ensuring our health system is functioning well and for the benefit of all New Zealanders – and our health workforce is an important part of that. We are responsible for ensuring that our health workforce is:

- Being trained in sufficient numbers and with the right skills, as most health professionals undertake some of their training with Te Whatu Ora – and we work closely with the Tertiary Education Commission in supporting the health tertiary sector.
- Deployed to the right places and in the right ways to have the greatest impact which includes data around local vacancies and needs. We manage this through direct employment of health workers, how we contract with providers in the funded sector, and in how we use supports like the New Zealand Health Charter, clinical networks and care guidelines.

Second, we are a major employer, operator, and commissioner of health services. As employers we have targeted responsibilities to our people, and to those who use our health services:

- To ensure that our services are appropriately staffed, by the right people with the right skills.
- To continuously improve our services – and to make best use of our workforce to deliver great care for our whānau and communities.
- To ensure we value our workforce by creating an organisational culture that supports a thriving environment that is safe, engaging and rewarding.

We have heard a lot from our Te Whatu Ora people about their experience of work through a Pulse survey in December 2022.

This Plan addresses both of these responsibilities. While we often talk about the collective workforce of ~250,000, there are some areas where our focus will be on those we directly employ. For example:

- We can only directly influence the working experience of people employed by us.
- We can only directly shape our internal culture.

The wider health workforce is employed by a range of providers in what we often refer to as the 'funded sector': third-party providers which still deliver health services. These providers operate on a spectrum from those which only provide publicly-funded health services, to those which only provide privately-funded health services (through insurance or user payments).

This Plan covers the workforce and workforce sustainability of the funded sector insofar as it provides publicly-funded health services, as it is a critical part of how we deliver care. While the provision of privately-funded health services is not the main focus of this Plan, ensuring a sustainable workforce for these services is important in places:

- for some services, our workforce and the private sector workforce are made up of the same people
- some services currently rely on private provision to ensure universal access – including dental care, and publicly-funded elective surgeries done in the private healthcare system – which is likely to continue in the foreseeable future. We have limited information on private sector workforce needs.

The opportunity

For the health system

Aotearoa New Zealand has an exceptional health workforce: hard-working, innovative, and highly regarded across the globe for their talent.

However, **we are living through a global shortage of health workers**. Nations are struggling to get the right people with the right skills in the right places to provide excellent care – and our workforce is in demand.

We already know **there are factors which will put pressure on our workforce** over the next decade:

- New Zealanders will get older and will have greater care needs. Acuity (how unwell people are) and care demand across our health services are expected to grow. Non-communicable disease will continue to be our major cause of health loss. Our workforce will age along with our population.
- Māori and Pacific peoples will represent a greater proportion of our communities, and we know these are populations with complex healthcare needs, are younger, and life expectancy is shorter.
- Māori, Pacific peoples, disabled people, Asian peoples and LGBTQIA+ communities will represent a growing proportion of our population – which is a challenge for a health system that has historically poorly served these communities, often leaving them with unmet health needs. For these communities, particularly disabled people and tāngata whaikaha, we have a relatively poor understanding of unmet need today.
- There are significant opportunities to work alongside other government agencies, including the Ministry of Social Development, to build on existing employment initiatives to support pathways into the health workforce and bolster employment opportunities for New Zealanders. There are also opportunities to improve pathways for people with disabilities, and diverse ethnic communities.
- The relatively small size of Aotearoa means we will remain vulnerable to small shocks to some of our workforces – where even a couple of individuals can affect the sustainability of our services – and will make it hard for us to train all the health workers we need. In some cases, it may never make sense for us to have our own training pathways because of our size.
- Global competition for health workers and the need to equitably represent our communities will make it harder for us to rely heavily on international recruitment as we have done in the past. To attract talent, we will need a clear 'case' for why people should choose Aotearoa.

Alongside these challenges, **we have significant opportunities to improve care for our communities** through ensuring our workforce is sufficient and supported:

- Focusing on shifting care closer to people's homes, with improved primary and community care. This shift in where most care happens can keep New Zealanders healthier for longer, with much more equitable care, particularly for Māori and Pacific peoples. It will require a bigger primary and community workforce who work together across disciplinary lines.
- Adapting models of care to better serve and care for whānau, and strengthening clinical and professional networks so everyone in Aotearoa gets the same exceptional service. This offers improved consistency, and better use of our talent across New Zealand. It also means that we can adapt the skills we use to deliver care to people, which can better manage our overall demand – though we will continue to need a range of specialist workforces.
- Focusing on areas where there are opportunities to improve care – including in public health, mental health & addiction, and oral health.
- Building enduring health infrastructure. This will allow us to build insights about New Zealanders and their health needs; more innovative digital tools and systems to help us direct care where it is most needed and manage conditions closer to home; and more fit-for-purpose, more sustainable facilities. If the workforce are to make the most of these, they will need growing skills in using telehealth and digital services and tools.
- Committing to the safe staffing of our provider services, which will require growing our hospital, specialist and public health workforces to make work safer and more sustainable for our staff than it has been before.

All of these opportunities will require shifts in how our workforce is grown, supported and works.

The opportunity

For our people

People work in health because they care about keeping communities well. But that is not always easy. Through engaging with those training for work in health, and with our workforce, we know we can improve the experience of a career in health:

From a system where:

Mixed visibility of health professions – particularly outside medicine and nursing – mean people may miss health pathways which are a good fit.

Too many of our young people with the right skills and dispositions do not see themselves in health careers. This is particularly true for Māori and Pacific peoples.

Financial pressures on placement and culturally unsafe experiences drive unacceptably high attrition from health programmes.

Training for those who live rurally is difficult to access without them leaving their whānau at home.

Barriers to study (including financial barriers and inflexible career pathways) inhibit too many New Zealanders – including those keen to retrain into health – from doing so.

The transition to work can be challenging, with variable ongoing support and mentoring in early career years, and difficult early experiences of work for many health workers.

Staffing pressures and tough work environments put strain on our people, and lead to attrition.

A lack of leadership opportunities can make it hard for our people to deliberately grow into new roles or pursue leadership.

Exploring health pathways | **Study** | **Working in health**

To a system where:

Clear, easy-to-navigate health career pathways are visible to our rangatahi – and diverse young people can see themselves in health careers through their whānau, and through easy opportunities to experience the sector.

Excellent training experiences keep students in programmes – with the right level of support and steer for all our students to succeed, including through tuakana-teina and Pacific mentoring models and supported rural training experiences.

Lower barriers to entry make it easy to move into health pathways – and change track once there.

Our people have the right support and guidance to be successful as they transition from study to employment.

Workloads are more manageable and sustainable, so our people are well and feel consistently physically, psychologically and culturally safe at work.

Proactive investment in our future leaders, including Māori and Pacific leaders, gives us sustainable leadership.

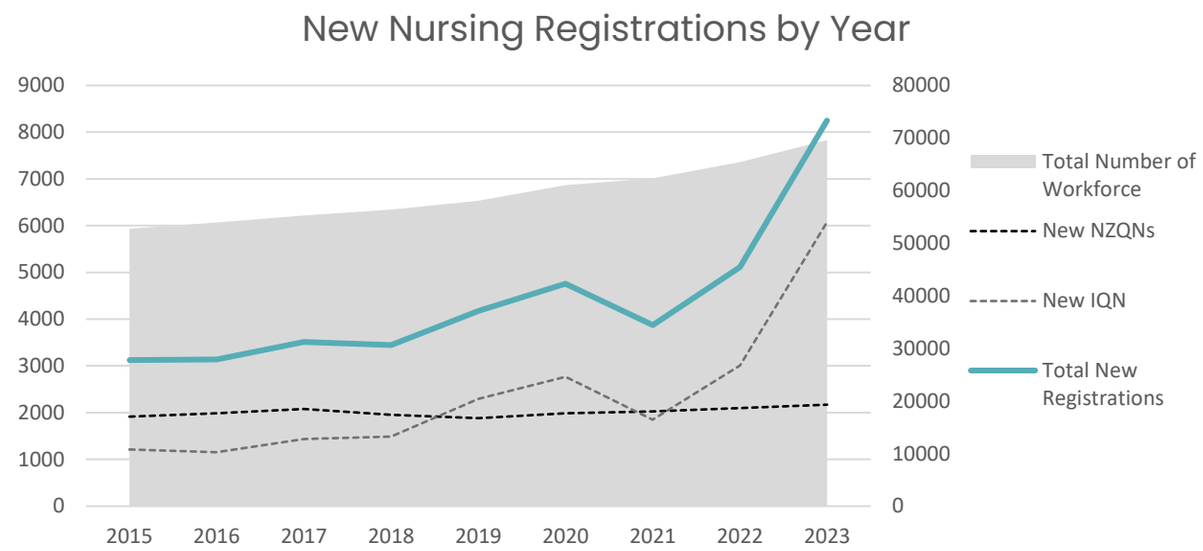
Accessible leadership and development opportunities keep our kaimahi engaged in work, and continually growing.

What we know

Our best available evidence – and its limitations

Where we are

Though COVID-19 disrupted our supply of overseas-trained health professionals, we have continued to see growth across our health workforce over time – particularly in nursing:



Nor is this a new trend. Over recent decades, **the number of people in the health workforce has continually grown** – as has the proportion of health workers to our population:

	in 2000 *our health system had about:*	**Today** *our health system has about:*
Registered and enrolled nurses	**45,970** *Or about 1 for every **85** New Zealanders*[5]	**69,621** *Or about 1 for every **75** New Zealanders*[6]
Doctors	**8,615** *Or about 1 for every **450** New Zealanders*[7]	**18,780** *Or about 1 for every **275** New Zealanders*[8]

However, we continue to experience pressure on our health workforce – showing that despite our progress, we have not made enough headway over the past two decades to achieve sustainability.

Over the past year, we have already had some significant successes for our workforce:

- The Nursing Council of New Zealand* registered nearly **8,250** nurses for the first time in 2023[9]. This has been contributed to by the registration of **more than 6,000** new internationally-qualified nurses (IQNs). This is significantly more than have registered each year over the past decade:[10]

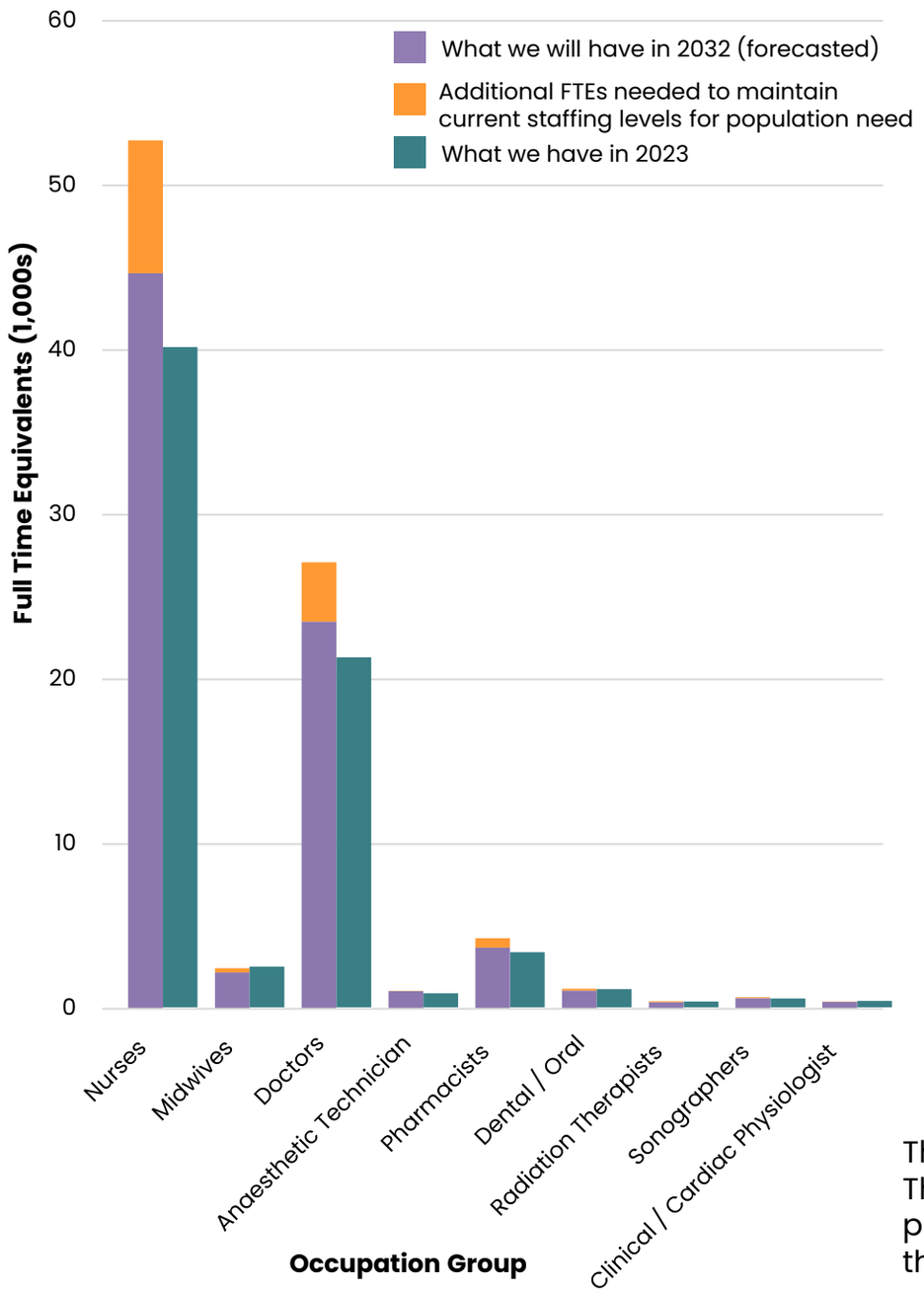
2015	*2019*	*2022*
3,125	**4,177**	***5,110***

- In 2022 we gained agreement from the Employment Relations Authority to implement Agreement-in-Principle Pay Equity rates that have resulted in a **14%** pay increase for most nurses.
- The Government committed **$200m** per year to lift pay for nurses and healthcare assistants working in the primary sector. This was implemented from April 2023.
- We have increased funding for **public health registrars and GP trainees.**

*Nursing Council data runs from 1 April of the prior year to 31 March of the latter year. Further information on the differences between "registered" "practicing" and "active" can be found on the Nursing Council's website.

What is the gap?

We have used available data on Te Whatu Ora district employed workforce and the wider health workforce, and models developed to outline potential future workforce need, to estimate what the 'gap' is between the workforce New Zealand has today and the workforce we would like to have; and between the workforce we expect to have in 2032, and what we would need to maintain current staffing levels as our population grows and changes. **These numbers are estimates for our whole health workforce and are shown in full-time equivalents (FTE):**



	In 2032*		Today	
	*In order to **maintain current rates** of staffing with expected population growth, we would need to increase anticipated training and recruitment pipelines in FTEs by*[11]:		*However, we estimate that across Aotearoa **the system is currently short**, in FTEs around*[13]:	
Nurses[12]	**+ 8,000**	***~ 18%** on top of current pipeline*	**+ 4,800**	*~**7%** of the current workforce*
Midwives	**+ 250**	***~ 12%** on top of current pipeline*	**+ 1,050**	*~**40%** of the current workforce*
Doctors (incl. GPs)	**+ 3,400**	***~14%** on top of current pipeline*	**+ 1,700**	*~**9%** of the current workforce*
Pharmacists	**+ 570**	***~15%** on top of current pipeline*	**+ 170**	*~**5%** of the current workforce*
Sonographers	**+ 50**	***~ 9%** on top of current pipeline*	**+ 120**	*~**20%** of the current workforce*
Anaesthetic technicians	**+ 30**	***~ 3%** on top of current pipeline*	**+ 200**	*~**25%** of the current workforce*
Dental/oral health therapists and hygienists	**+ 100**	***~10%** on top of current pipeline*	**+ 220**	*~**20%** of the current workforce*
Radiation therapists	**+ 50**	***~13%** on top of current pipeline*	**+ 30**	*~**8%** of the current workforce*
Clinical / cardiac physiologists	**+ 15**	*~**4%** on top of current pipeline*	**+ 30**	*~**8%** of the current workforce*

*by 2030 for nursing

These are **our best estimates of what we need**, based on the data we have available. This data makes some major assumptions including that our models of care, training pathways and retention approaches will not change. We would need to close both of the gaps identified by 2032 to achieve sustainability.

Making use of available data

The health workforce is large and spans a range of employers and employment types, meaning workforce data can be complex and difficult to collect. A range of factors influence how useful it is for different purposes:

We do not have good data on our Te Whatu Ora workforce.

In part this is due to historical differences in the way former DHBs collected data. Combining sources has been challenging and will be a focus for continuous improvement.

We have limited insight into non-health agency employed workers, making it difficult to answer questions like *how many nurses do we need?*

We only have visibility of the health workforce that work for health agencies directly. We can access some information on the wider workforce from regulators, but the information gathered by each one is different. We do not have a good way to account for health workers who are not in either of these categories – like many kaiāwhina working in the community.

We have limited data on our community workforce in general, because services are provided by a wide range of providers – and we do not get a clear view of their vacancies or capacity. We also struggle to access more personal data like ethnicity, or the disability status of workforces.

This makes it hard to estimate the real demand for workforce across Aotearoa. While we know staffing needs for individual departments, it's more complicated to aggregate these into a whole-of-system picture – particularly because demand in the community sector is hard to measure.

We have had to assume that care will look the same in the future.

Our data and modelling assumes our health system will look the same tomorrow as it does today. But we know this will not be true.

Changes which we make to reduce health needs or manage demand differently (like offering more care in the community, or changing the mix of professionals who provide care) will change the workforce we need over time.

Our estimates

These challenges mean it is difficult to accurately predict how many health workers we need to deliver care across the system. By using the data available and a range of careful assumptions, we are able to give our best estimate of the current and likely future gap.

We have used two key data sources to develop these estimates:

- Data on our Te Whatu Ora district employed health workforce – including information about how many roles are currently vacant (vacancy rates).
- Data gathered by the regulators of our health professions, whose professions are required to have annual practicing certificates.

We have extrapolated from this data to identify estimates of current workforce need. A number of assumptions underpin each analysis, some are noted below:

Current shortage

- Assumes that the vacancy rates are broadly similar between Te Whatu Ora workforce and the funded sector – we know vacancies won't be distributed equally over sectors.
- Assumes that vacancy rates are a proxy for unmet workforce demand – which we know is an imperfect assumption.

2032 shortage

- Assumes that there will not be any unanticipated changes in population demand, technology, infrastructure or models of care (how we care for people, including the mix of professionals who provide that care) – which we know will not be the case.
- The impacts of the actions in this Plan, including addressing the current shortage are not modelled in.

In using this data you should consider that:

- Our estimates of what we might need in future do not account for our estimates of current shortages – so we will need to close both gaps to achieve sustainability.
- We can influence these numbers by adding more people to our workforce (through recruitment, training or retention), or by reducing or shifting demand (through technology, infrastructure, changing models of care, or using early intervention to reduce need).

We are working across agencies to improve this data for future use.

How we can interpret this evidence

These estimates help us understand – and acknowledge – the size of the gap for various parts of our workforce. At this stage, we do not have detailed modelling for all workforce groups, particularly wider allied, scientific and technical professions, kaiāwhina, and supporting and enabling workforces. However, these estimates give us some insights into what we need to achieve now, and the position we need to be in by 2032.

This analysis is by profession, which is just one way to look at areas of relative shortage. We also know some specific settings have their own vulnerabilities.

Looking service-by-service, we know that there are acute pressures across workforces in certain settings, including:

- Mental health & addictions settings, both community and acute services.
- Rural primary, community and hospital settings.

Workforces Under Pressure

We have some professions with acute current shortages, but where future pipelines are relatively stable due to expected increases in training uptake and / or changes in population demographics, such as:

Anaesthetic Technicians

We need **~200** today

An additional **~30** more by 2032 than we expect to have with no interventions or changes to service levels.

Midwives

We need **~1,050** today

An additional **~250** more by 2032 than we expect to have with no interventions or changes to service levels.

For these **under pressure** workforces, we need to focus on addressing current shortfalls, on the basis that our training and recruitment pathways are relatively well configured to address future need.

Strategic Workforces

We have some professions where we have greater future, anticipated demand than we have unmet need today:

Pharmacists

We need **~170** today

But may need **~570** more by 2032 than we expect to have.

For these **strategic** workforces, we have less immediate pressure to close gaps – though this is still important for sustainability. We have an opportunity to reshape training pathways to ensure we have sustainable workforces for the future; to make better use of the talent we have; and to get ahead of the curve to insure ourselves against future need.

Foundational Workforces

And there are some professions with pressures both today, and over time:

Doctors

We need **~1,700** today

And **~3,400** more by 2032 than we expect to have.

Nurses

We need **~4,800** today

And **~8,000** more by 2032 than we expect to have.

For our **foundational** workforces, we will need to pull all our levers to ensure sustainability – both today and in the future. We also know that vacancies are not currently equally distributed between service types, with mental health and addiction services and aged care experiencing more acute nursing pressures. Ensuring we have the right people in the right settings needs to be addressed alongside sustainable growth models.

What do we do about it?

We need swift and coordinated action to address current gaps, and the gaps we risk having in future. We already know from staff and services that parts of our health system, and our health workforce, are under significant pressure – which this data affirms. Our estimates can give us some insights about where to start.

It will take us time to address these shortages. It takes time to train new people, to shift practice in our frontline services to improve retention, and to recruit from our whānau, from our communities and from overseas.

There is no single mechanism which will ensure we have the health workforce we need, so this plan anticipates using all of these levers. However, there is a lot we can do now to:

- Move swiftly to address current shortages, focusing on using approaches that grow our workforce relatively quickly.
- Change the fundamental settings which have led to our current shortages, and prepare for the future.
- Take initial steps towards ensuring our future workforce is sustainable, in 2032 and onwards.
- Take steps to reduce future demand for healthcare through prevention, early detection and helping people to stay well (not covered in this plan).

For example, to address present and future pressures we can:

Current need	Anticipated future need
• Recruit from overseas – permanently or on a locum basis • Improve retention in our workforce, and in training programmes • Engage other workforces to support areas of pressure • Rapid scaling of training programmes	• Grow training pipelines, by training faster or training more • Shift models of care to use different workforces • Use infrastructure to improve workforce impact • Improve productivity (e.g. using technology) to alleviate demand

The remainder of this Plan is in two parts:

- **Part 1: How we could close the gap.** We outline what it would take to close the gap across each of our key workforce groups. This will require that we achieve some big shifts over time. **We do not have the funding or settings in place to achieve all this change today – and some of these changes will have to take time.** These more enduring changes will be the focus of workforce planning to occur alongside development of the first full New Zealand Health Plan. This is broken down by specific, key workforces to help us better understand the intelligence we have available.
- **Part 2: The plan for 2023/24.** Here we outline how we plan to get started closing the gap over the next year based on what we have available. **This part of the plan is funded and represents our commitments for the remainder of fiscal year 2023/24.**

Part 1: Closing the gap

The long-term opportunity

The big levers

To achieve a sustainable, equitable, supported and thriving health workforce we can't just do more of the same. We will need to transform some fundamental settings – which will require partnership and drive from other parts of our health system and across government. Drawing on the system shifts in the Manatū Hauora Health Workforce Strategic Framework, we have identified six big levers that need to move to achieve change for our workforce:

How we train

- We will need a strong capability to plan long-term for our health workforce, grounded in much better data and analytics.
- We need to reduce our reliance on classical, academic models of training to grow our health workforce. We need pathways that are adaptive, with easy transfer of skills between health professions and careers – including hauora Māori pathways that reflect te ao Māori across professions. Vocational learning is already a big part of training in health, and should become more prevalent.
- This will require earn-as-you-learn models, recognition of learning at work, more use of simulations and online training, and training in rural and smaller urban centres. The result will be that it's much easier for people to move between professions and grow scopes of practice over the course of their careers in health.
- Our education pathways will need to be more deliberately designed to reflect the realities of people's lives – and to acknowledge that training in health is often a full-time job, which can impede people training without the right support.
- We know we also need to work closely with other government agencies such as Education, the Tertiary Education Commission, the Ministry of Social Development, Whaikaha and the Ministry for Ethnic Communities to help train people to work in health, or which support people to return into the health workforce.

How we recruit

- We need to make health a multi-generational career of choice across Aotearoa – and rebalance our recruitment towards more of our workforce being trained here at home. We will have to partner with whānau, hapū, iwi and communities to strengthen local channels into health. Recruitment approaches must better engage Māori, Pacific peoples, disabled people and tāngata whaikaha.
- At the same time, recent shifts in immigration settings have made a big difference to bolstering our health workforce, particularly in nursing. Immigration settings which organically adapt to health system demand can help us manage pressure over time, without undermining our commitment to a representative Māori and Pacific workforce or to cost-effective recruitment.

How we invest

- Over time, we need to shift towards a model of investment across health and education that allows flexible application of funding. Funding needs to flow equitably to programmes and retention initiatives where there is greatest pressure. Barriers to allocation impede growth in some of our key workforces, including medicine and dentistry, and funding can be slow to flow to areas of present and future demand.
- We need to commit to longer-term relationships with providers (health and education), so they can scale their workforce capacity and capability to meet the health system's needs.

How we retain

- We need to support our people with a better experience at work, where they are consistently well-supported by easy-to-work-in environments, and where they have the resources and colleagues they need to thrive. Our cultures will need to reflect the New Zealand Health Charter, giving life to the values, expectations and behaviours it outlines.

How we regulate

- New models of training need enabling regulatory settings. These settings will need to recognise that our health workforce is only safe if it's sufficient, diverse and sustainable; it is not enough for individual practitioners to be safe. Our COVID-19 experience showed that some of our default regulatory settings are unnecessarily restrictive to innovation.
- We need more consistency, and ease of navigation in how we register professionals to practice – and it needs to be easier to recognise when people have grown their skills over time on the job. All of these shifts will require a measure of regulatory change.

How we work

- We will need to make better use of the workforce we have to maximise positive impact for whānau. This will require changes to models of care across our health system, and shifts towards community-based care
- Developments in technology and models of care will need to be used to help maximise our workforces' talents and time, allowing them to deliver better care to patients and whānau.

Achieving our big shifts

The major shifts we need to see in our health system go beyond Te Whatu Ora and Te Aka Whai Ora. While we progress with these actions, we will work with partners to get traction on wider change – and lay the foundations for the first full New Zealand Health Plan in mid-2024. Below, we outline opportunities to collaborate on enduring reform alongside the actions in our Plan:

Area	What we are responsible for	Who else is responsible – and what do we need?
How we regulate	Making use of regulatory settings – including supporting practitioners to use the breadth of their skills (working at the 'top of scope'). Ensuring our expectations around safety – including in workforce sustainability and cultural safety – are part of the fabric of how we operate.	• **Manatū Hauora:** As stewards of the health system, Manatū Hauora is responsible for 'regulating the regulators' – and ensuring consistent regulatory practice. We need to develop a common approach to safety which recognises system and workforce sustainability, and consider changes to the Health Practitioners Competence Assurance Act to enable innovation and lower barriers in training. • **Responsible authorities:** We need to work with responsible authorities to ensure health professions are appropriately accessible – including to those training domestically though a range of pathways, and to capable overseas-trained staff. We need to work towards common standards for culturally competent and interdisciplinary practice across all health workers. • **Professional bodies:** We need common expectations with professional bodies about how we train and specialise our staff, so we can make pathways for our people seamless and easy to navigate.
How we train	Getting better data about our future training needs across health workforces. Growing our health system's capacity to offer student placements, so we can grow training intakes. Ensuring students on placement have exceptional experiences, so they want to go on to work in health. Ensuring that we have capacity to supervise and train those that learn in our system.	• **Tertiary Education Commission (TEC):** We need to build common processes to allow health supply and demand pressures to better shape where we invest in tertiary education – including moving away from blunt mechanisms to control training supply. • **Te Pūkenga, tertiary providers and Toitū te Waiora:** We need to collaborate on more common programmes, curricula and qualifications so health pathways are easy and efficient, and on developing clear pathways to progress through health careers over time (including through earn as you learn training, and by recognising the skills health workers develop on the job).
How we recruit	Building stronger partnerships with communities, including through Iwi-Māori Partnership Boards, to get local buy-in to bringing our young people into health careers. Developing better channels to bring our health whānau back to work in Aotearoa, and to draw in talent from overseas where we need it. Adopting equitable recruitment practices that make us employers of choice for Māori, Pacific peoples and disabled people.	• **Immigration NZ:** We need to work together on how we bring migrant labour into our health system, with a clear understanding (and good data) about when to increase or decrease the flow. This includes providing Government with good advice about how both immigration levers and health funding levers can have the desired impact. We need to ensure international workforce are culturally safe to care for whānau and communities in Aotearoa. • **Iwi-Māori Partnership Boards, iwi, hapū, hapori, whānau and communities:** We need to strengthen successful pathways and build more local, accessible pathways into health careers (particularly in rural areas). • **Specialist expertise:** We need to partner with national clinical networks and subspecialties to establish a planned approach to building expertise in areas that are highly specialised, where a wholly New Zealand-based training pathway is not desirable; and to flow clinical expertise through our approaches to building clinical teams. • **Primary and Community Providers:** We need to support the system to recruit workforces in primary and community settings, including Māori and Pacific workforces in areas of high need.
How we retain	Implementing the New Zealand Health Charter – Te Mauri o Rongo. Conditions of employment for our staff; the environments they work in; and the culture and experiences in our hospitals and specialist services.	• **Funded sector providers:** We will need to partner with providers on culture change across the funded sector, and retention of our primary and community workforce. • **Te Kawa Mataaho:** We need to work together to ensure Te Whatu Ora's practice as a best-in-sector employer aligns with wider expectations for the public service.
How we invest	Regularly evaluating our health workforce investments to test value for money and return on investment, and reinvesting to maximise impact. Identifying return benchmarks for our health workforce investments, so we can have expectations about the human capital we get for our investments.	• **Central and health agencies:** We need to build accuracy and confidence in our health workforce data, so that investments can over time be more responsive to potential future pressures of our health workforce. • **Other agencies which employ or contract health workers:** We need to move toward coordinated health workforce planning, so that we are collaborating on growing the right number of health workers in our system, rather than competing to employ the health workforce we have.

Shifting models of care

This is a workforce plan – and so what we set out in the remainder of this document is focused on how we can grow, develop, recruit and retain our people. We will need more health workers, more Māori and Pacific peoples, and major growth in key professions and settings to ensure our workforce is sustainable.

Yet almost as important is how we use the workforce we have. Models of care are the ways that we deliver care to our whānau and communities. These change all the time as we respond to innovative clinical practice, new technologies, new evidence of what works, and the shifting care needs of New Zealanders.

Changes to the way teams are organised and where care is provided, can support better whānau experience and greater job satisfaction for our workforce. They offer opportunities to improve how we make use of the workforce we have available. Interprofessional teams can be more resilient and adaptive to the changing needs of whanau, technology and service delivery models.

There are some overarching trends and opportunities not yet reflected in our modelling. The impact of these trends will be more transparent in future workforce plans:

- **Interprofessional working and practice** will become an increasing feature of work in health – with greater expectation of professionals across disciplines working together in service delivery teams to make best use of their skills and resources to support whānau care. This includes growing new healthcare workforces to meet the diverse needs of our communities.
- A focus on **making the most of our workforce's capabilities**. We sometimes talk about this as getting people working at **'top of scope'**: ensuring our workforce spends more of the time doing the things only they can do, with other members of teams taking on other tasks and activities. This will rely on continued growth in our nursing, allied, technical, ancillary and support workforces.
- We will maintain our drive to **expand primary and community care, particularly preventative and public health interventions** – which will drive growth of our workforce in the community.
- Our hospital and specialist services will continue to develop more **resilient team models of service delivery** to improve whānau experience and workforce satisfaction.

In addition to the actions outlined below – both long-term and immediate – to grow workforce supply, we will need different training, new employment models and different service delivery models that change how we care for people to ensure our workforce is sufficient, resilient and sustainable, including:

- growing productivity – not by having people work harder (we know they already do), but by **ensuring technology and models of care maximise their talents,** without exacerbating burnout and attrition
- making better use of supporting and enabling workforces to do parts of jobs that are **relatively procedural** (but still important) – like accuracy or pharmacy technicians helping pharmacists with dispensing – to free our workforce up to add value in other areas
- supporting training programmes for **workforces required for new ways of working** – such as rural practitioners, health coaches and nurse practitioners who deliver new models of care and can work across whole pathways of care reducing dependence on more scarce specialist resources
- using **public health, prevention and early intervention** to mitigate demands on our hospital and specialist services – such as through musculoskeletal (MSK) referral pathways to community physiotherapy
- doing more **to let people and their whānau do more to care for themselves at home,** including in how we support whānau and community supports and through self-management tools and technology.

Nursing
Closing the gap

Nursing is our biggest single health workforce – with nearly 70,000 nurses holding APCs in New Zealand. This is a huge increase from just over 50,000 nurses in New Zealand in 2015; yet we still need more to meet New Zealanders' expectations for excellent care.

At any given time, there are around 7,400 degree level nursing students in training, alongside a smaller cohort of enrolled nursing students. Attrition in domestic training can be quite high; around 3 in 10 nursing students do not complete their training, this is higher for Māori and Pacific students.

As with doctors, New Zealand has a very high proportion of internationally-qualified nurses (IQNs) in our workforce compared to other OECD nations[14]. It drives both underrepresentation of Māori (7.3%) and Pacific peoples (3.6%) in the nursing workforce[15] and will make it harder for us to recruit in the context of global shortages. Over the past five years we have seen an average increase of 3,900 new nurses receiving APCs each year. The growth in our current workforce being driven by international recruitment, which peaked at over 6,000 IQNs in the year to 30 March 2023.

Our nursing workforce is also among our most versatile and flexible:

- Nurses have a broad scope of practice, which lets them train for a range of roles in a range of settings.
- Nursing training is relatively quick compared to other generalist professions – particularly medicine.
- Nursing has pathways to extended scopes – such as nurse practitioner roles.

Changes to models of care are likely to require more, not fewer, nurses as a result.

What would it take to close the gap?

4,800 FTE today | **8,000 additional FTE by 2032**

We already put a lot of New Zealanders through nursing training – and our best opportunity to address future demand is to **significantly improve retention**:

> If we **reduce attrition** out of nursing training to **20%**, we could graduate around an additional **345** nursing students each year – for a total of just over **3,000** additional nurses by 2032.

Reducing attrition in training will require that we work much more closely with tertiary providers to provide wrap-around support, including academic and cultural support, to our students – particularly Māori and Pacific students who we need to come through into our nursing workforce.

We will also need to **grow our nursing intakes**. For the most part this is not impeded by domestic training capacity, but by student interest and the availability of placements in the right locations for students. To achieve growth, we will have to better engage young people in nursing as a career of choice; to make nursing pathways much more accessible to adults who want to retrain into health or progress from kaiāwhina roles; and to better coordinate placements across providers nationwide.

> If we train **700** more nurses a year, we could graduate around another **4,000** nurses by 2032 – even accounting for current attrition rates.

To close our gap today, we will need to **continue to draw on international recruitment of IQNs** – even though **over the medium-term we will need to refocus on domestic training** to ensure Māori and Pacific representation in our nursing workforce. Because changes in immigration trends are relatively recent, it is hard to say what sustained rates of IQN entry we would need to achieve sustainability – but we would likely need around 2 further years of growth at 2022/23 rates to address current shortages.

However, this will be difficult to maintain, and would likely require growing incentives over time to continue to attract sufficient nurses. We also know that IQNs have higher rates of departure from our workforce and from Aotearoa than New Zealand-trained nurses – so we would need investments in keeping those nurses here.

At the same time, changes to models of care are likely to increase rather than decrease pressure on nursing. To ensure we have the right capabilities in the right places, we would need:

- Improved pathways to nurse practitioner, nurse prescriber and other specialist nursing roles.
- Improved development and retention initiatives across a career in nursing, so that we have the right blend of new and experience nurses in our workforce.

4,800 FTE today	**8,000 additional FTE by 2032**
Maintain current, high levels of IQN recruitment	Reduce attrition to ~20% out of training programmes
Strengthen progression pathways and domestic nursing retention	Grow domestic cohorts by ~700 nurses a year, including with more accessible models

Medical
Closing the gap

The medical workforce has grown by more than 24% since 2016 [16]; however, we have significant gaps today and anticipated gaps in the future.

New Zealand has the second-highest proportion of international medical graduates (IMGs) in its workforce in the OECD [17]. This presents challenges:

- It has led to insufficient representation of Māori and Pacific peoples in our medical workforce. Māori represent only 4.4% of our medical workforce, and Pacific peoples 2.1%. [18]
- It leaves us vulnerable to the growing global health workforce shortage. We will find it harder and harder to recruit skilled doctors, who are in significant global demand.

Our medical workforce has become slightly younger on average since 2016 [19], in contrast to other workforces which are typically aging.

Unlike other health professions (other than dentistry), we have a cap on the number of medical school places funded each year. This has been lifted by 50 for the 2023/24 year, and we will need increased domestic growth to meet future needs.

We also have specific challenges in the allocation of our medical workforce:

- Rural communities face supply challenges for both community (GP) and specialist medical workforce.
- While some specialties are relatively well subscribed for future need (e.g. paediatrics), we have greater gaps in others.
- FTE flight to the private sector in some areas (e.g. orthopaedics) can limit public capacity.

What would it take to close the gap?

1,700 FTE today **3,400 additional FTE by 2032**

We will need to drive increased international recruitment to address our current gap, given the length of medical training. By **increasing our on-the-ground presence in other countries** we could improve the flow of specialists into New Zealand – for example, by making better use of our existing commercial presence overseas and by better reaching out to New Zealand-trained doctors practising overseas. At the same time, we will need an **acute focus on retention** – as with all our workforces – to avoid losing our skilled doctors.

> *If we could increase immigration rates of doctors by **300 FTE** per year and lose **100 fewer FTE** from our existing workforce, we can close our current gap by 2030.*

We can also address this future gap by **changing models of care** to keep people well for longer in the community. We will always need doctors as our experts in specialist care; but we can alleviate pressure on our medical workforces by making better use of other professionals. For example, we can alleviate pressure on orthopaedic services by improving community management of musculoskeletal conditions, or lift pressure on our GP workforce by making better use of nurses and allied professionals in general practice and primary care.

To close this gap we will need to **significantly increase domestic medical cohorts** over the next 5 years. It is unlikely that we will be able to completely address our medical shortages in the next decade because of the length of medical training. However, we could significantly address the gap:

> *If we scaled medical training to add another **285** medical students by 2027 we would address half our anticipated training need by 2037, 5 years late.*

To tackle allocative challenges we will need a range of interventions, some of which will not be straightforward, like:

- giving medical students better information about areas where we have relatively greater and lesser need
- better pipelines into medicine for those living in rural communities, and more rural placements – the evidence tells us these are the two things that make a difference in getting people to practice rurally.

1,700 FTE today	**3,400 additional FTE by 2032**
Increase international recruitment by ~300 FTE per year, focusing on SMOs and GPs	Increase domestic medical intakes by 285 places by 2027
Improve retention to reduce attrition by 100 FTE per year	Shift primary and community models of care to redistribute demand to other workforces

Midwifery
Closing the gap

Our midwifery workforce is under significant strain, even compared to other professions. Where we have seen growth year-on-year in our medical and nursing workforces, the number of midwives with annual practising certificates has declined slightly since 2020 – peaking at 3,283, down to 3,085 in May 2021.

Around half of our midwifery workforce is employed directly by Te Whatu Ora, and around one third are self-employed working as Lead Maternity Carers (LMCs) out in our communities.

Our LMC model is relatively unique across the globe, which contributes to relatively low numbers of overseas-trained midwives (only 23% of midwives had an overseas qualification as their first qualification in 2022[20]). It is relatively difficult for midwives from most other countries to be able to practice in New Zealand without retraining.

Because our population is expected to age, our population's demand for midwifery services is expected to decline over time – though a greater proportion of New Zealand mums and babies will be Māori or Pacific peoples, meaning improved representation (from 12% Māori and 2% Pacific peoples in 2022[21]) will be essential. We know there is unmet need for maternity care in our communities today, which we will need to account for in future demand.

Most pressingly, we have a significant existing gap in our midwifery workforce, which has been driven by an aging workforce, and attrition through the COVID-19 pandemic. We need to close this gap to ensure New Zealand whānau can access the maternity care they need, both in our hospitals and in the community.

Owing to current pressures, specialist nurses are supporting midwifery services with maternity care and expertise.

What would it take to close the gap?

1,050 FTE today **250 additional FTE by 2032**

The critical pressure for midwifery is not our future workforce – but our workforce today. Shortages have resulted in difficulty for some whānau finding a LMC, and has meant nursing staff have been diverted to support maternity services, taking them away from nursing roles.

Unlike other professions, **it is difficult to recruit midwives from overseas**, as few overseas-trained midwives can readily have their qualifications recognised here. This leaves us with three main pathways to address midwifery shortages:

- Work with the Midwifery Council to explore changes to current settings for the recognition of overseas midwifery qualifications – such as allowing midwives from a wider range of jurisdictions to practice here but with restrictions on their practice (recognising that few jurisdictions employ our LMC model).
- Significantly improve retention in our midwifery programmes. Currently, to get 100 course completions, an average of 174 people need to begin a midwifery degree; this is too high.
- Temporarily boost midwifery intakes to more rapidly scale the workforce we need in the short-term – maintaining a 'long tail' to address the additional workforce we will need by 2032. We have had large recent midwifery cohorts, which will help us to take this approach.

> With current attrition rates, we would need to **triple** the number of midwives we train for four years to address current shortages – and if we started next year, we would only close our gap by 2031.

The long training time means that **retention offers our best opportunity to address current pressures – and build a sustainable pipeline to train the midwives we will need by 2032**. Growing retention would require better cultural support and placement experiences, but also likely financial support for help more students navigate the significant clinical requirements of midwifery programmes (including time spent on-call 24/7). However, either **increased domestic enrolments** – slower, but will better improve Māori and Pacific representation in midwifery – or **easier pathways for overseas-trained midwives to practice here** will also be needed to address the gap we have today.

At the same time, interventions outside our workforce will be needed to ensure sustainability. Work on funding models for midwifery will contribute to making midwifery attractive to younger New Zealanders, and ensuring financial pressures aren't a source of attrition in our midwifery workforce. Changes to models of care, such as developing improved midwifery assistant roles and pathways, can also help alleviate midwifery workload and decrease attrition over time.

1,050 FTE today

Reduce attrition out of midwifery programmes by ~30%

Explore regulatory changes

Grow domestic intakes

250 additional FTE by 2032

Future demand is likely to be addressed by shorter-term interventions to stabilise our midwifery workforce today and close current shortages

Allied, scientific and technical

Closing the gap

'Allied, scientific and technical' is a broad term for a range of professions with diverse characteristics. This group of professionals includes those who typically work in the community like physiotherapists or community pharmacists, as well as those integrated with specialist clinical teams like anaesthetic technicians and medical imaging technicians.

Our allied, scientific and technical workforces have unique pressures and challenges – and our data on them varies in quality. However, there are some common priorities across them:

- A number of allied professions have been identified as key to emergent models of care, including the roll-out of Comprehensive Primary Care Teams. We will need to grow these workforces to adapt to this increased demand over time; this new demand is not yet reflected in our modelling.
- We do not have training programmes for some allied, scientific and technical workforces (such as cardiac sonographers), leaving us reliant on overseas talent. This makes it even more challenging to ensure Māori and Pacific peoples are represented in these workforces today.
- Relatively small workforces, and our small nation, can leave our allied, scientific and technical workforces vulnerable to local and regional shortages – particularly in rural and smaller urban centres.

Specific work on each of these allied, scientific and technical workforces is ongoing – but for the purposes of this plan we have broadly segmented them based on future need.

What would it take to close the gap?

The approach we will need to take to support our allied, scientific and technical professionals varies by workforce:

- Under pressure workforces like anaesthetic technicians and sonographers have higher present-day shortages compared to anticipated future demand:

Anaesthetic technicians

Sonographers

- For strategic workforces, like pharmacists and radiation therapists, there is less demand today than we anticipate in future – often because of growing anticipated need as our population changes.

Pharmacists

Radiation therapists

Both clusters of allied, scientific and technical professions will need some common approaches to close the gap, in different blends depending on profession and need:

- **Growing domestic training**, particularly where we are entirely or predominantly reliant on overseas-trained workforces. In some instances, relatively small increases in training numbers (5 – 10 a year) could have a significant impact on our future sustainability.
- **Better promoting allied, scientific and technical pathways** to New Zealanders – who may only know about careers in medicine, nursing and midwifery, and so miss wider opportunities to work in health.
- **Improve programme retention and matching to available placements** – which we know across a some programmes result in insufficient graduates, and to students leaving programmes because they cannot access placements in the place they want to live.
- **Improve flexibility and mobility** through and between allied, scientific and technical professions, to reduce the vulnerability of smaller professions to shocks (such as small numbers of staff leaving, or changes in recruitment trends).

Particularly for strategic workforces, the growth we need to see in domestic training will likely require **new approaches to training** – including interdisciplinary models which reflect the ways in which we want these professionals to work in future (such as for physios and pharmacists).

Kaiāwhina and support

Closing the gap

Kaiāwhina and support roles are diverse. It includes those who work to keep our whānau holistically well; as well as healthcare assistants who are in more classically clinical roles.

In 2018, we estimated that there were 89,000 kaiāwhina, kaimanaaki and support staff working in our health system – with that number projected to grow to around 109,000 by 2028.

We have limited data on our kaiāwhina workforce operating outside of Te Whatu Ora as most work in the community through a range of NGOs, private providers and an increasing number of individual employers. Based on available information from the New Zealand Disability Support Network, providers, disabled people, tāngata whaikaha Māori, families and whānau, there are indications of potential shortages of kaiāwhina across both rural and urban settings.

Our kaiāwhina workforce has strong representation for our Māori and Pacific communities, making up 17.9% and 12.1% of Te Whatu Ora's care and support workforce respectively.

What would it take?

While we don't have strong data on our size and need for a kaiāwhina workforce, **we can get people practising in most kaiāwhina roles very quickly** – with no or minimal formal training requirements. This allows for ready changes in kaiāwhina supply to meet new demand.

Kaiāwhina roles have been essential to our COVID-19 response, particularly as led by Māori and Pacific providers in our communities. As a flexible workforce, it has been a tremendous contributor to keeping our communities well. However, there are limits on what kaiāwhina can do, and many of the areas where they can add greatest value rely on surrounding clinical teams to be well-staffed and sustainable.

Our greatest opportunity with our kaiāwhina workforce is to not just grow a community-based workforce close to whānau, but to **offer opportunities to grow skills, qualifications and scope** over the course of a career in health. This will require:

- **More pathways into other health professions** – including nursing, midwifery and allied professions – that work for people already in the workforce who may have whānau and / or financial commitments, and so need flexibility and options to earn while they learn.
- **Better recognition of learning** that kaiāwhina have already done on the job, to offer accelerated pathways into other health roles.
- Approaches that are **inclusive of primary and community providers, including Māori and Pacific providers** – as these are often the settings where kaiāwhina first grow and thrive in their initial steps into health careers.

What would it take?

We have current and anticipated future shortfalls in enabling roles – but the size of this gap is hard to quantify. For many enabling professions there are strong existing training pathways; the people leaving them just are not coming to work in health, and we can do more to attract these graduates.

But in future, we will achieve more through **more specialised pathways focused on health**, which connect people into enabling health careers directly out of the community or out of tertiary programmes. This will be particularly essential in areas where health is a dominant employer, and where pathways may be fragile today – such as into commissioning roles.

Focus the talent we have on the areas of greatest impact

Promote health as a career of choice to those training but choosing roles in other sectors

Build health-specialised training pathways for those not in frontline care roles

Improve recruitment out of our communities and out of tertiary settings into enabling health pathways

Enabling roles

Closing the gap

Alongside care roles, many people work in health in enabling roles across clinical and corporate settings. This is a wide group of professionals that ranges from IT and data analysts to surgical booking coordinators. This enabling workforce is essential to the efficient running of our health system and enables clinicians to spend more time focusing on patients.

We have relatively limited information on what the gap is for these workforces across the health sector. This is particularly the case because many of the areas they work in are areas of desired improvement for us: such as in digital services, or in using analysis to understand health need.

Part 2: The plan for 2023/24

Our 365 day funded workforce plan

What this Plan aims to achieve

As our early estimates show, we are a long way from a workforce that is truly sustainable. This challenge has built over time; and it will take time to solve. We cannot solve our workforce problems in a year:

- To get to sustainability we will need to achieve the big shifts outlined earlier. Many of these are outside the control of Te Whatu Ora and Te Aka Whai Ora, and will take time to achieve.
- It will take at least a decade to address all our shortages and pressures across all professions, given the time it takes to train people in Aotearoa, and natural market limits on our ability to grow our overseas-trained workforce.

This Plan is focused on what we can achieve in the next 365 days between 1 July 2023 and 1 July 2024.

This Plan outlines below immediate actions which we can start to take action on now to make a difference for our health workforce, and to:

- **Stabilise our workforce**, so that our people's experience of work in health is improved as rapidly as we can, and to address acute workforce pressures in certain areas (such as mental health & addiction, and perioperative workforces) which threaten New Zealanders' access to services.
- **Start transforming**, identifying areas where we can start to make progress towards the big shifts, particularly where we can prototype better ways of doing things, or scale pilots and examples of best practice where they already exist.

We've identified **six action areas** – each with a range of specific actions under them – which we consider will make that difference.

All of these actions will start in the next year. For each action, we have indicated a timeframe for when New Zealanders and our workforce will start to experience a difference because of the changes we have made. This is because while we might do some things this year, the effect of those actions may only be noticeable further down the track.

What needs to happen in 2023?	Why?
Growing pathways for Māori in health	Māori are underrepresented in our health workforce and are more likely to have unmet health needs. Our workforce does not reflect the diversity of our communities and makes it harder for Māori to consistently access care which is culturally safe and responsive. We need to accelerate growth in our Māori workforces today to change that.
Growing pathways for Pacific peoples in health	We need a Pacific health workforce that is thriving, engaged, and reflects the diversity and need of our Pacific communities. We need to invest now in growing our Pacific health workforces in areas that support health priorities for Pacific peoples and reform priorities.
Driving local-led innovation in training	Innovation is needed to grow our health workforce and transform our clinical teams. Local-led initiatives have shown what is possible, and we will support these to scale and extend across Aotearoa to encourage wider change over time, drawing on the best evidence from research, overseas and our communities. This extends to innovative ways of making training accessible to rurally based workforces.
Bolstering priority workforce groups	Our whole health workforce is under pressure – but we know there are some areas of particular strain. We are taking rapid action in these areas to alleviate pressure where we can, and get more growth in professions where we will need significantly more professionals over coming years.
Supporting and retaining our valued workforce	While we focus on growing our workforce to relieve pressure, it's also essential that our current kaimahi are supported in their work, and that we retain the incredibly talented people we have.
Growing our future leaders	Our team of teams need outstanding leaders to ensure we are focused on the most important work; that our people are safe; and to model the culture change needed for reforms to succeed. To make this real, we are going to focus on stronger leadership pathways for our diverse workforce, across both clinical and non-clinical teams.

Growing pathways for Māori in health

Māori are underrepresented in our health workforce and are more likely to have unmet health needs. Our workforce does not reflect the diversity of our communities and makes it harder for Māori to consistently access care which is culturally safe and responsive. We need to accelerate growth in our Māori workforces today to change that.

Action	What it looks like	Delivery In	Key initiatives
Streamline pathways for tauira Māori into health careers	We want to make sure Māori are supported to see themselves in health careers, cultivate the skills they need to succeed in health, and to have confident, accessible first steps towards a health career.	2023 – 2024	• Maximise tauira Māori completion rates by expanding access to hardship support. • Grow existing, tailored programmes which support tauira into hauora tertiary programmes and rongoā Māori pathways. • Extend opportunities for rangatahi and tauira Māori to have paid work experience opportunities in the health system that are within their own rohe with primary and community hauora Māori partners. • Fund hauora Māori partners to recruit and develop educator and trainer capability, so they can grow capacity over time.
Strengthen hauora Māori workforce pathways from whānau, hapū and iwi	We will provide a suite of supports across the drivers of Māori attrition, to make sure Māori students are supported through their journey in study, and successfully complete their tohu and transition well into mahi.	2024	• Scale and fund Māori access to earn-as-you-learn and modular training pathways into health careers, such as for kaiāwhina, enrolled nursing, midwifery and allied roles. • Grow funding for Māori to access postgraduate and vocational training opportunities across health professions including in primary, community, rural and rongoā settings. • Lift the number of Māori trainees in the Nurse Practitioner Training Programme (NPTP).
Support for kaimahi Māori to thrive in the workplace	We want to ensure our kaimahi Māori have the best opportunities to grow and develop once they're in work, so we can retain and grow them.	2024	• Expand cultural and mentoring support for kaimahi Māori prioritising those who are training while working in health and new into leadership roles. • Expand access to clinical coaches for our Māori workforce using mātauranga Māori models. • Support Māori access to governance leadership development, to support health system stewardship and Iwi-Māori Partnership Boards.

Growing pathways for Pacific peoples in health

Pacific peoples also make up a significant proportion of the number of people supported through the health system, yet Pacific peoples are underrepresented in our health workforce. We need a Pacific health workforce that is thriving and engaged, and which reflects the diversity and need of our Pacific communities. To do this, we need to invest more now in growing our Pacific health workforces in areas that support health priorities for Pacific peoples and reform priorities.

Action	What it looks like	Delivery In	Key initiatives
Streamline pathways for Pacific learners into health careers	We want a seamless pathway into health careers from study to employment in health for Pacific learners, with education and training options that reflect their needs and aspirations.	2024	• Implement Pacific Health Science Academies nationwide, and expand the health career promotion component of the Academies. • Strengthen undergraduate support for Pacific learners in tertiary studies by scaling programmes that we know work, to provide cultural, academic and network support. • Expand access to internship programmes which expose Pacific learners to health careers early. • Improve access to earn-as-you-learn pathways for Pacific learners, including for midwifery assistant and kaiāwhina pathways.
Strengthen support for Pacific peoples in training	We will better support our Pacific students during their training to ensure they have a successful education and are supported into the workforce, alleviating pressure on their cultural capability and financial pressures of placement.	2023	• Develop the Nurse Practitioner Training Programme to increase engagement and support for Pacific nurses to enter and complete. • Expand access to scholarships and hardship support for Pacific learners.
Support for Pacific health workers to thrive in the workplace	We want to ensure our Pacific students have the best opportunities to grow and develop once they are in work, so we can retain and grow them.	2023	• Establish a coordinated professional development pathway that connects primary, community and secondary care Pacific health workforces. • Expand cultural and mentoring support for Pacific staff, particularly those who are training while working in health and who are newly in leadership roles. • Improve access to clinical coaches for our Pacific workforce. • Grow governance, leadership and management development for Pacific health workforces.

Driving local-led innovation in training

Innovation is needed to grow our health workforce and transform our clinical teams. Local-led initiatives have shown what is possible, and we will support these to scale and extend across Aotearoa to encourage wider change over time, drawing on the best evidence from research, overseas and our communities.

Action	What it looks like	Delivery In	Key initiatives
Make the most of our community workforces	Our COVID-19 response brought whānau, hapori and hapū together to help our communities through the pandemic – and build a new cohort of people who have skills in health, and might have aspirations for health careers. We need to open pathways for them to work in health longer-term, and grow their skills over time.	2023 – 2024	• Launch a consistent, earn-as-you-learn framework for how we train kaiāwhina through work – and roll it out with a focus on those who joined our workforce during COVID-19. • Develop a Poutama framework for consistent, national earn-as-you-learn pathways into enrolled and registered nursing roles. • Develop a framework for earn-as-you-learn and accelerated midwifery pathways, including links to midwifery assistant roles. • Grow investment in existing earn-as-you-learn enrolled nursing pathways. • Invest in new pathways for kaiāwhina training in our communities, focused on growing our community kaiāwhina workforce to support Comprehensive Primary Care Teams.
Strengthen student placements	We know that education is only responsible for half of students' experiences in training. We need to ensure student placements are culturally appropriate and financially manageable, and that a range of placements are available so we can grow training pipelines.	2024	• Grow our numbers of student placements for kaupapa Māori and Pacific providers, and in primary and community settings. • Adopt a consistent, national approach to how we fund and support placements. • Work with tertiary providers to increase student retention across all health programmes, particularly Māori and Pacific students. • Improve placement coordination so we can make better use of available placement settings, ensure cultural safety on placement, and ensure students are exposed to diverse experiences while training.
Scale training initiatives which will grow our future workforce and cross-agency initiatives (such as those MSD deliver) – particularly in rural areas	We will invest to scale successful initiatives which are innovating grow our workforce. We're going to do this by scaling initiatives which are already working, and which use a blend of training innovation, rural training and interdisciplinary training models.	2023 – 2026	• Grow our rural generalist pathways by scaling and extending rural interdisciplinary training programmes that are already thriving, including community-based attachment and continuous employment through rural health multidisciplinary training. • Expand access to earn-as-you-learn programmes that help students train while they work in health, with an initial focus on paraprofessional, assistant and kaiāwhina roles. • Scale General Practice Education Programme (GPEP) places to 300 by 2026, including design to better attract, engage and retain Māori and Pacific graduates. • Review our approach to the Voluntary Bonding Scheme to maximise impact.
Develop a nationwide health training system	We're going to develop our national infrastructure for training – so we build a coherent, navigable, national system, designed to build pathways for new models of care. Our initial focus will be our rural training system.	2025	• Undertake a design process with tertiary providers, primary and community providers and rural communities to develop a national rural training system. • Establish a national picture of health training pathways – which makes data and information on health pathways readily available to those interested in or already working in health careers. • As part of locality establishment, work to grow regional / local training networks to encourage and support local teaching professionals. • Work with national clinical and specialist networks to establish pathways to build specialist expertise in vulnerable service areas.

Bolstering priority workforce groups

Our whole health workforce is under pressure – but we know there are some areas of particular strain. We are taking rapid action in these areas to alleviate pressure where we can, and get more growth in professions where we will need significantly more professionals over coming years.

Action	What it looks like	Delivery In	Key initiatives
Improve recruitment from overseas in priority areas	In areas of urgent need we will bolster our capacity to recruit from overseas – and ensure those professionals can practice here safely. We will invest in accelerating recruitment in these priority areas.	2023	• Pilot access to the Te Whatu Ora health immigration centre for the primary and community sector with mental health and addiction providers. • Target international recruitment activity at professions with greatest shortages in Aotearoa, such as ATs, psychiatrists, intensive care and radiation oncologists. • Sustain support for internationally-qualified nurses (IQNs) to practice in Aotearoa, through supporting them with their Competency Assessment Programmes. • Develop a New Zealand health alumni network, with a focus on giving Kiwis working overseas better information about opportunities at home. • Trial a physical presence immigration desk for key jurisdictions for overseas recruitment.
Encourage kaimahi back into health, including people supported through MSD employment programmes	We will make it as easy as possible for our people to come back into work in health when they are ready, to make use of the workforce we have available.	2023	• Refocus the Return to Midwifery programme to help our midwives return to practice. • Sustain investment in the Return to Nursing programme, with a focus on New Zealand-trained nurses and IQNs already in New Zealand. • Pilot or expand supervisory roles for end-of-career staff to provide part-time support or mentoring to our clinical teams. • Launch a Return to Health project focused on flexible opportunities for those with health qualifications to return to work – such as by using more flexible approaches to rostering.
Increase our training numbers in at-risk and foundational professions	We will focus on growing training in priority areas to get us to a sustainable workforce faster – and to start closing the gaps we've identified.	2024	• Expand places for 85 new allied, scientific and technical professionals in key pathways, including 24 ATs, 20 paramedics, 20 oral health therapists and 18 radiation therapists. • Expand training pathways for 50 additional pharmacy prescribers per year. • Expand funding for earn-as-you-learn paramedicine pathways. • Seed fund and invest in new training places and pathways for allied, scientific and technical professionals to work in Comprehensive Primary Care Teams, including physiotherapists and pharmacists. • Invest in Te Whatu Ora laboratories to grow capacity for education and training for our scientific workforce. • Add 50 new medical school places, to grow our domestic training pipelines. • Continue growing nurse practitioner training numbers up to 100 a year in 2024. • Develop enduring, affordable pathways into mental health & addictions careers to maintain pathways post-Targeted Training and Apprenticeship Fund (TTAF). • Sustain growth in specialist mental health & addictions workforce training through prior Budget investments.

Supporting and retaining our valued workforce

While we focus on growing workforce to relieve pressure, it's also essential that our current kaimahi are supported in their work, and that we retain the incredibly talented people we have. We will shift our culture to align to the New Zealand Health Charter – Te Mauri o Rongo, and support our directly employed workforce.

Action	What it looks like	Delivery In	Key initiatives
Help our people stay safe at work and manage tough situations	Work in health can be tough – our people often have to look after whānau in their hardest moments. We will ensure all our staff have the tools to manage and cope with those situations.	2023	• Recommission our staff support services (EAP) to ensure they cover our staff's physical, psychological and cultural wellbeing – and offer diverse, culturally safe options for staff to seek support, including rongoā. • Roll out a suite of wellbeing-focused programmes to support our staff, including fatigue awareness initiatives and Pacific cultural safety practice support for kaimahi, and to support responding to Major Adverse Events.
Keep our people well at work	We are focused on improving the workplace experience of our staff day-to-day, so that they feel safe and well-supported to focus on providing our whānau with outstanding care.	2023 – 2024	• Ensure Te Whatu Ora staff working at all times of the day can access the sustenance they need while working. • Establish a Health Workforce Wellbeing Hub, including an occupational health and wellbeing service. • Roll out consistent, national cultural safety and Tiriti o Waitangi supports, designed to help our staff put cultural safety and Tiriti-centred practice into effect through their practice. • Adopt consistent expectations for non-clinical time for our leaders and senior clinical staff, including SMOs. • Deliver on committed local actions resulting from the Te Whatu Ora Pulse Survey.
Get the basics right	We will focus on ensuring our people get quicker, more accurate pay – and to managing through collective negotiations, pay equity processes and Holidays Act remediation with our union partners.	2023 – 2024	• Improve timely and accurate reimbursements, including Te Whatu Ora directly managing professional fee payments where possible. • Continue to work with our union partners to conclude collective negotiations and pay equity claims, for the mutual good of our workforce. • Continue to promote equitable recruitment practices in order to further reduce racism and bias in hiring and promotion. • Continue to pay out the $200m-a-year Government investment in pay parity for nurses and healthcare assistants working in the primary and community sector. • Make Holidays Act remediation payments to all current Te Whatu Ora staff by March 2024.
Ensure our people have pathways to grow	We will ensure clear pathways to new roles, development opportunities, and leadership positions.	2024 – 2025	• Improve support and flexibility for our staff at career transition points – including steps up in work, and transitions back from time with whānau (e.g. parental leave). • Ensure career progression pathways are clear, accessible and informed by available opportunities, including for public health nurses, health protection officers and RMOs. • Developing an early career nursing framework to support our nurses for the first three years after they first register. • Establish a National RMO Support Service, to provide consistent coordination and support • Establish new training and / or medical fellowship roles to grow key medical specialties. • Develop a national cultural capability framework, so our staff's cultural skills are recognised consistently.

Growing our future leaders

Healthcare is delivered by our teams and needs great, values-driven, diverse leadership to thrive. Outstanding leaders will ensure we're focused on the most important work; that engages and listens to our people, that our people are physically, psychologically and culturally safe; and will model the culture change needed for reforms to succeed. To make this real, we're going to focus on stronger leadership pathways for our diverse workforce, across both clinical and non-clinical teams. We need leaders who can build high performing teams that engage people to want to do their best work.

Action	What it looks like	Delivery In	Key initiatives
Invest in our next generation of clinical leaders	We will focus short-term investment on our future clinical leaders, particularly Māori and Pacific peoples where they are underrepresented today.	2023 – 2024	• Expand existing Māori nursing and midwifery clinical leadership pathways to grow our next generation of Māori clinical leaders. • Expand existing leadership initiatives for Pacific nurses, to support growing a diverse cohort of nurse leaders.
Develop and launch a leadership institute for our health system	We will start building a Pae Ora Leadership Institute for the health system, drawing on te ao Māori and worldviews of our diverse communities. This will grow diverse leaders across clinical and non-clinical management roles.	2025	• Commission for a leadership institute this year, drawing on national and international expertise and local mātauranga Māori and community capability. • As part of our leadership institute, design explicit pathways for Māori, Pacific, disabled and tāngata whaikaha leaders, and ensure an approach inclusive of diverse communities, with bespoke community pathways into training and culturally safe and supportive programmes. • Work with clinical leaders to ensure our leadership academy grows a diverse cohort of clinical leaders, including for professionals who have traditionally had fewer clinical leadership pathways (such as allied professionals). • Grow our existing investments in Māori leadership programmes, to support by-Māori for-Māori leadership pathways. • Work with unions to grow leaders that engage and support participation of workers in how their work is designed and can be improved.

Governance and planning for the future

This plan articulates how Te Whatu Ora and Te Aka Whai Ora will support our health workforce across 2023 and the first half of 2024.

Workforce Working Groups

The Workforce Taskforce established a series of Workforce Working Groups in developing its recommendations, which represent a diverse range of perspectives on how we strengthen specific professions across our health workforce. These Working Groups bring tremendous expertise in how we can bolster our workforce over time – and we propose to make them an enduring feature of our health system as we move to address workforce challenges.

Measuring our success

We will measure progress against milestones in our implementation planning – and over time, by changes to outcome measures including training numbers, attrition rates, workforce size and representation of Māori and Pacific peoples.

The ultimate proof of our impact will be in shifting the experience of our health workforce, and of our whānau and communities when they seek care.

Collaboration with the funded sector

We will engage the funded sector through Commissioning teams to collaborate on workforce recruitment and retention. This collaboration will aim to build trust in sharing information on workforce so that our plans can reflect the needs of the community and funded sector.

What's next?

Moving forward:

- Te Whatu Ora and Te Aka Whai Ora will report jointly and quarterly to the Minister of Health, from September 2023, on performance against this Plan.
- Te Whatu Ora and Te Aka Whai Ora will maintain the Workforce Working Groups reporting jointly to the Te Whatu Ora Head of Workforce and Te Aka Whai Ora Group Manager Workforce to provide advice on strengthening individual workforce pathways. These groups should continue to include clinical, management, workforce and union representation for relevant workforces.
- We will report back regularly to the Strategic Health Engagement Forum (SHEF) – our strategic forum to work with Council of Trade Union affiliates – and directly to all health unions on how we are going with progress against the Plan.
- We will, through strategic networks develop ways for service and specialist workforce needs to be identified and incorporated in workforce actions.

Te Whatu Ora and Te Aka Whai Ora anticipate releasing a further Workforce Plan in 2024 alongside the first full New Zealand Health Plan, outlining how we anticipate starting to deliver on the workforce objectives it lays out over 2024 – 2027.

Annex 1: Our strategic context

The health workforce are our greatest asset and enabler to achieving transformational change and delivering on the health system's goal to achieve pae ora (healthy futures). Doing so builds on our fundamental commitments to te Tiriti o Waitangi, including the principles articulated in the WAI2575 Hauora claim, and to the quality care New Zealanders expect from our health system.

Te Whatu Ora and Te Aka Whai Ora have made key commitments through the interim New Zealand Health Plan – Te Pae Tata:

- Health and care workers will be valued and well-trained for the future health system and key actions in relation to our health workforce.
- Equity matters for everyone.
- Embedding a Tiriti-led health system.
- Implementing a population health approach.
- Ensuring a sustainable health service delivery system.

The Health Workforce Strategic Framework developed by Manatū Hauora is the agreed framework for which our work draws its priorities and approach to achieving pae ora in the context of our health workforce. The Strategic Framework identifies:

- the priority challenges facing the health workforce including, workforce shortages, maldistribution, cultural capabilities, and workforce wellbeing
- our aspirations for the health workforce, including a health workforce that is available, accessible, responsive, productive and safe
- how we need to approach workforce challenges including the need to employ a combination of different levers when trying to affect change, including through, legislation, investment, commissioning, employment, and education and training.

The Strategic Framework also identifies opportunities to help better support and develop the health workforce, including:

- reviewing how skills and capabilities across the workforce are recognised and developed
- exploring how we can value and incentivise our workforce
- reviewing the processes in place that assure workforce quality and safety is balanced with the flexibility required to achieve desired outcomes.

Annex 2: Strategic frameworks

A summary of the strategic documents that inform this plan are outlined below:

<table>
<tr><td>Fundamental</td><td colspan="3">Te Tiriti o Waitangi</td><td colspan="2">New Zealanders' fundamental entitlements to quality care</td></tr>
<tr><td>Legislative</td><td colspan="3">Pae Ora (Healthy Futures) Act 2022</td><td colspan="2">Other relevant legislation</td></tr>
<tr><td>Reform system shifts</td><td>The health system will reinforce Te Tiriti o Waitangi principles and obligations</td><td>All people will be able to access a comprehensive range of support in their local communities to help them stay well</td><td>Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live</td><td>Digital services will provide more people with the care they need in their homes and communities</td><td>Health and care workers will be valued and well-trained for the future health system.</td></tr>
<tr><td>Strategic</td><td colspan="5">Hauora strategies (as outlined in the Pae Ora Act)</td></tr>
<tr><td rowspan="2">Frameworks</td><td colspan="5">Manatū Hauora Health workforce strategic framework</td></tr>
<tr><td>Availability</td><td>Accessibility</td><td>Responsiveness</td><td>Productivity</td><td>Quality</td></tr>
<tr><td rowspan="2">Planning</td><td colspan="5">The Interim New Zealand Health Plan – Te Pae Tata</td></tr>
<tr><td colspan="5">Aotearoa New Zealand Health Workforce Plan 2023</td></tr>
</table>

We also outline on the following page how the actions laid out in this plan align to the Manatū Hauora Workforce Strategic Framework, Te Pae Tata – the Interim New Zealand Health Plan, and make a difference for priority population groups.

Annex 3: Priority populations

M Māori
P Pacific peoples
R Rural communities

All the actions in this plan are targeted towards making a difference for priority populations – including Māori, Pacific peoples and rural communities – and are designed to work in a way that centres te Tiriti o Waitangi and our commitments to health equity. In the following table, we outline where specific actions are expected to have particular benefits to those communities:

ACTION FROM THIS PLAN	TE PAE TATA ACTION	STRATEGIC FRAMEWORK IMMEDIATE PRIORITIES	POPULATION IMPACTS
1.1 Streamline pathways for tauira Māori into health careers	1.2 Strengthening workforce whānau 4.1 Māori health improvement	Shortage, cultural competency, representativeness.	M R
1.2 Strengthen hauora Māori workforce pathways from whānau, hapū and iwi		Shortage, cultural competency, representativeness.	M R
1.3 Support for kaimahi Māori to thrive in the workplace		Shortage, workforce wellbeing, cultural competency, representativeness.	M
2.1 Streamline pathways for Pacific learners into health careers	1.2 Strengthening workforce whānau 4.2 Pacific health	Shortage, cultural competency, representativeness.	P
2.2 Strengthen support for Pacific peoples in training		Shortage, cultural competency, representativeness.	P
2.3 Support for Pacific health workers to thrive in the workplace		Shortage, workforce wellbeing, cultural competency, representativeness.	P
3.1 Make the most of our community workforces	1.2 Strengthening workforce whānau 4.1 Māori health improvement 4.2 Pacific health	Shortage, representativeness, maldistribution.	M P R
3.2 Strengthen student placements		Shortage, representativeness, maldistribution.	M P R
3.3 Scale training initiatives which will grow our future workforce – particularly in rural areas		Shortage, representativeness, maldistribution.	M P R
3.4 Develop a nationwide health training system		Shortage, representativeness, maldistribution.	M P R
4.1 Improve recruitment from overseas in priority areas	1.2 Strengthening workforce whānau	Shortage, maldistribution.	R
4.2 Encourage kaimahi back into health		Shortage, wellbeing, maldistribution.	M P R
4.3 Increase our training numbers in at-risk and foundational professions		Shortage, maldistribution.	M P R
5.1 Help our people stay safe at work and manage tough situations	1.2 Strengthening workforce whānau	Workforce wellbeing	M P R
5.2 Keep our people well at work		Workforce wellbeing	M P R
5.3 Get the basics right		Workforce wellbeing	
5.4 Ensure our people have pathways to grow		Shortage, workforce wellbeing, maldistribution	M P R
6.1 Invest in our next generation of clinical leaders	1.3 Developing an inclusive leadership and culture 4.3 Health of tāngata whaikaha | disabled people	Shortage, cultural competency, maldistribution	M P R
6.2 Develop and launch a leadership institute for our health system		Shortage, cultural competency, maldistribution	M P R

Annex 4: Notes on HWIP data

Health Workforce Information Programme (HWIP) is the source of this Plan's data on Te Whatu Ora's workforce, collected from across Te Whatu Ora districts. HWIP collects data from the 18 districts as at the end of each quarter, and data as at 31 March 2023 is the most current data available. Data excludes casuals, contractors, and people on parental leave or leave without pay. All FTE values are contracted FTE (where 1 FTE = 2086 hours per year).

The definition of a vacancy for the purposes of the HWIP collection is as follows:

1 An unfilled position that has funding allocated and will be actively recruited for within the next six months.

2 It is a permanent position that is part of the FTE allocation (if applicable).

3 Where a vacancy exists, it remains a vacancy when temporarily filled.

Vacancy rates are calculated as the vacant FTE divided by the sum of the vacant and employed (contracted) FTE.

Canterbury and West Coast Districts are unable to supply vacancies for all occupation groups as they are undergoing system improvement processes. However, we have provided a vacancy rate for Canterbury based on the average vacancy rate of the six large districts of each occupation group (if they offer the service) – Auckland, Capital & Coast, Counties Manukau, Southern, Waikato and Waitematā . We have provided a vacancy rate for each occupation group for the West Coast District (if they offer the service) based on the average vacancy rate of the six small districts – Tairāwhiti , Wairarapa, Whanganui, Lakes, South Canterbury and Taranaki.

Contracted FTE and Vacancies for the Midwifery HWIP Occupational Group use ANZSCO code 254111.

Contracted FTE and Vacancies for Senior Medical Officer (SMO), Resident Medical Officer (RMO) and Nursing are interpreted as those coded under the respective ANZSCO codes within the SMO, RMO and Nursing HWIP Occupation Group.

Anaesthetic Technician refers to people coded under ANZSCO 'Anaesthetic Technician' (311211). This may include some trainees as well as some nurses working in anaesthetic technicians/assistants roles that we have not been able to identify due to having a different job title.

Oral Health Therapists are employees coded under the Job title Dental and Oral Therapist - since this position does not have a specific ANZSCO code.

Radiation Therapists are those employees coded under ANZSCO Medical Radiation Therapist 251212.

Cardiac Physiologists are those employees coded under the Job title Cardiac Physiologist - since this position does not have a specific ANZSCO code.

Cardiac Sonographers are those employees coded under the Job title Cardiac Sonographers - since this position does not have a specific ANZSCO code.

General Practitioners are those employees coded under the ANZSCO code General Practitioner 253111.

Where we have used job titles to extract data, due to the variability of job titles within districts, this may not provide a complete picture of the workforce.

Endnotes

1 Based on Te Whatu Ora modelling using Health Workforce Information Programme (HWIP) March 2023 District Employed Workforce Quarterly Data, see Annex 4: Notes on HWIP data for more detail. These figures were extrapolated against APC data for each profession (except nursing, which used the Nursing Pipeline figures in place of APC data). This was then converted to FTEs for each profession.

2 Based on the 2032 gap figures detailed on page 14 noting the Nursing figure reflects a 2030 outlook, rather than 2032. Also see footnote 11.

3 Statistics New Zealand; 'National ethnic population projections: 2018(base)', national-ethnic-population-projections-2018base-2043.xlsx (live.com), accessed June 2023.

4 Ministry of Health, 'The cost and value of employment in the health and disability sector', 2020, https://www.health.govt.nz/system/files/documents/publications/cost-value-employment-health-disability-sector-25nov2020.pdf.

5 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes. The nursing to New Zealand population ratio was calculated using the population estimate drawn from Statistics New Zealand; Population estimates and projections (March 2000), https://www.stats.govt.nz/topics/population.

6 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes. The nursing to New Zealand population ratio was calculated using the population estimate drawn from Statistics New Zealand; Population estimates and projections (March 2023), https://www.stats.govt.nz/topics/population.

7 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes. The doctors to New Zealand population ratio was calculated using the population estimate drawn from Statistics New Zealand; Population estimates and projections (March 2000), https://www.stats.govt.nz/topics/population.

8 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes. The doctors to New Zealand population ratio was calculated using the population estimate drawn from Statistics New Zealand; Population estimates and projections (March 2023), https://www.stats.govt.nz/topics/population.

9 Nursing Council of New Zealand, 'Nursing Council Quarterly Data Report Quarterly Data Report (MARCH 2023 QUARTER)', 2023, https://www.nursingcouncil.org.nz/Public/News_Media/Publications/Workforce_Statistics/NCNZ/publications-section/Workforce_statistics.aspx?hkey=3f3f39c4-c909-4d1d-b87f-e6270b531145.

10 Nursing Council of New Zealand: Annual Report 2015, Nursing Council of New Zealand: Annual Report 2019, Nursing Council of New Zealand: Annual Report 2022. Accessible via https://www.nursingcouncil.org.nz/Public/About/Corporate_Documents/NCNZ/About-section/Corporate_Documents.aspx?hkey=26f0518b-0c03-42b8-b697-e734697d78ff.

11 Based on Te Whatu Ora/Ministry of Health modelling which takes into account shifts in population and how that drives demand. The gap in each profession, except nursing (which utilises the Nursing Pipeline Model), is the difference between a target number and a projected number. The target number is the number of practitioners in each profession in 2032 required to maintain the 2022 ratio of practitioner FTE to people in a relevant population group, based on Stats NZ population projections. The relevant population group varies between professions but is most commonly the 60+ age group. The projected number is the forecast number of practitioners in 2032 based on projecting forward current age-related rates of practitioners entering and leaving the workforce for each profession taking into account workforce ageing. More specifically, the forecasts are based on age-specific rates of new practitioners entering the workforce (including NZ and overseas-qualified practitioners), age-specific rates of practitioners returning to their profession after a break and age-specific rates of practitioners leaving their profession temporarily or permanently. The forecasting models assume: no changes in technology or models of care; continuation of age-specific patterns of entry, re-entry and exit; continuation of age-group-specific working hours; and continuation of historic patterns of entry of new NZ-trained practitioners and fully-qualified overseas practitioners. The forecasts are based on an algorithm which has been externally reviewed and approved. The current version of the algorithm was developed in 2018 and has been regularly tried and tested within the Health Workforce Analytics and Intelligence team.

12 The Nursing Pipeline Model aims to make predictions of the nursing supply and demand requirements in New Zealand over the next 10 years. The predicted supply side will be used to identify any gaps in nursing supply compared to the current demand for nurses in New Zealand, and how this gap might change over time. The model has been developed on behalf of the Nursing Pipeline Steering Group to investigate changes at different stages of the nursing pipeline and the potential impact of different interventions and the flow on effects a change may have on the whole system. The model uses multiple datasets (HWIP, NCNZ registration data, PHO enrolments, ARC bed demand modelling, population projections) to develop an understanding of the different sectors (ARC, Te Whatu Ora District, Primary Health Care, Private Hospitals) which are then rolled up to a national and cross-sectoral view.
Figures from this model have been used for current and projected gaps and only relate to the workforce that is actively working in New Zealand nursing positions, rather than all nurses that hold practicing certificates or registration. We are unable to offer this level of detail for other professional groups at this stage.

13 See endnote 1.

14 Figure 8.24, OECD (2021), "International migration of doctors and nurses", in Health at a Glance 2021: OECD Indicators, OECD Publishing, Paris. https://doi.org/10.1787/d969fe68-en

15 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes.

16 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes. The increase from 2016 to 2022 was 3,644, or 24%.

17 Figure 8.23, OECD (2021), "International migration of doctors and nurses", in Health at a Glance 2021: OECD Indicators, OECD Publishing, Paris. https://doi.org/10.1787/d969fe68-en

18 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes.

19 The Medical Council of New Zealand, 'The New Zealand Medical Workforce in 2022', 2022, https://www.mcnz.org.nz/assets/Publications/Workforce-Survey/64f90670c8/Workforce-Survey-Report-2022.pdf

20 Midwifery Council, '2022 Midwifery Workforce Survey and Non-Practising Survey', 2022, https://midwiferycouncil.health.nz/common/Uploaded%20files/Workforce%20surveys/Midwifery%20Workforce%20Survey%202022.pdf

21 Based on APC data provided by the regulatory authority. It is important to note that there may be small differences between published data and data supplied to Te Whatu Ora due to different reporting timeframes.